

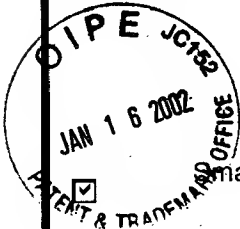
1652

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

Name (Print/Type) Cindy Hoang Signature *Cindy Hoang* Date 11-05-2001

TRANSMITTAL



☒ Small Entity

☐ Large Entity

Application Number 09/593,828
Confirmation Number To Be Assigned
Filing Date June 13, 2000
First Named Inventor ROSEN
Examiner M. Monshipouri
Group Art 1652
Attorney Docket No. UCAL138

ENCLOSED:

☐ Amendment Under Rule

☐ 37 CFR §

☐ Pages

Claims

No. of claims as
filed or after
amendment

Most claims
previously paid
for

Extra Claims

Rate

Totals

Total

Independent

Multiple

Total Extra Claim Fees

\$ -

\$ -

\$ -

☐ Applicants Petition for an Extension of time from _____ to _____

A _____ month extension was previously filed and paid for thereby reducing the basic fee

Fee

☐ Response to File Missing Parts (with copy of formalities letter)

☐ Filing Fee

☐ Executed Declaration

☐ Other

Pages _____

JAN 22 2002

TECH CENTER 1600/2900

Fee

Surcharge Fee

Fee

Fee

Fee

Fee

Subtotal \$ -

☐ Information Disclosure Statement

☐ PTO Form 1449

☐ _____ Copies of Cited References

☐ Other

Pages _____

Fee

Subtotal \$ -

☐ Response to Notice to Comply (with copy of Notice to Comply)

☐ Sequence Listing Certification

☐ Paper Copy of Sequence Listing

☐ Diskette in computer-readable format

☐ Other

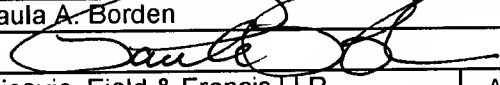
Pages _____

Fee

<input type="checkbox"/> Terminal Disclaimer		Fee
<input type="checkbox"/> Appeal to Board of Appeals and Appeal Communication to Group		
<input type="checkbox"/> Notice of Appeal	Pages	Fee
<input type="checkbox"/> Appeal Brief in Triplicate	Pages	Fee
<input type="checkbox"/> Reply Brief	Pages	Fee \$ -
		Subtotal \$ -
<input checked="" type="checkbox"/> Other Enclosures and/or Fees		Response to Restriction Requirement and Species Election (3 pgs.) Fee
<input type="checkbox"/> Change of Correspondence Address		
<input checked="" type="checkbox"/> Return Receipt Postcard		TOTAL FEES \$ -

The Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0815. If additional fees are required, including extensions of time, please consider this a petition therefore. A duplicate copy of this transmittal is enclosed.

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED

Name (Print/Type)	Paula A. Borden		Registration No.	42,344	
Signature			Date	11-05-2001	
Firm Name	Bozicevic, Field & Francis LLP	Address	200 Middlefield Road, Suite 200		
City	Menlo Park	State	California	zip	94025
Telephone - Direct Dial	650-327-3400	Facsimile	650-327-3231		